

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24983

STATE FILE NUMBER

FILED AUG 2 1957

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Prairie</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rural Prairie</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson Co. Hspt</b>				Length of stay in lb <b>2 yr 35 da</b>		d. STREET ADDRESS (If outside, give location) <b>Independence, Mo.</b>	
3. NAME OF DECEASED (Type or print) - First <b>Katherine</b> Middle <b>M</b> Last <b>Goodwin</b>				4. DATE OF DEATH Month <b>7</b> Day <b>19</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 22, 1873</b>	
9. AGE (In years last birthday) <b>84</b>				IF UNDER 1 YEAR Months <b>84</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>NAUVOO ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Carl Clark</b>			
14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Sambers</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NONE</b>			
16. SOCIAL SECURITY NO. <b>NONE</b>				17. INFORMANT <b>Mrs. Sam Welch</b> Address <b>1414 Walnut St. N. Jackson, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PNEUMOCOCCUS</b> 493X DUE TO (c) <b>GENERALIZED ANTERIO SCHEM</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>GENERALIZED ANTERIO SCHEM</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1955</b> to <b>July 19, 1957</b> and last saw <b>him</b> alive on <b>July 19, 1957</b> Death occurred at <b>4:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John C. Conner</b>				22b. ADDRESS <b>Independence, Mo.</b>		22c. DATE SIGNED <b>7-19-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-22-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mount St. James</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Conner</b> ADDRESS <b>2414 N. 1st St., MO.</b>				25. DATE RECD. BY LOCAL REG. <b>7-20-1957</b>		26. REGISTRAR'S SIGNATURE <b>N. B. Humphreys</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 0 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard R. Francis*

Licensed Embalmer No. 418

P. O. Address.....  
*Indy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.